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FORM D



United States Securities and Exchange Commission Washington, DC 20549 OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per response 16.0

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (Check if this is	an amendment ar	nd name has chan	ged, and indicate ch	ange.)	
August 2003 - Series A Preferred	l Stock @ US\$1	1.00 per share			
Filing under (check boxes that apply):		☐ Rule 505	□ Rule 506	Section 4(6)	ULÓA VOC
Type of filing:	Amendment				
	A. BA	SIC INDENTIF	CATION DATA		100 0 5 2004
1. Enter the information requested amount	unt the issuer				
Name of Issuer (Check if this is an WEBWORKS OS, Inc.	amendment and n	ame has changed	, and indicate change	c.)	
Address of Executive Offices 1100 Dexter Ave. N., 1st Floor, Se			y, State, Zip Code)	Telephone Number (206) 273-7888	(including Area Code)
Address of Principal Business Operatio (if different from Executive Offices)	ns (Num	ber and Street, Ci	ty, State, Zip Code)	Telephone Number	(including Area Code)
As above.				As above.	
Brief Description of Business WEBWORKS OS, Inc., a developlans to develop proprietary provendors utilizing the emerging M	ducts and prov	ide software d			
Type of Business Organization					FROCES
□ corporation	☐ limit	ed partnership, al	ready formed	other (please spe	ecify)
☐ business trust	☐ limit	ed partnership, to	be formed		JAN 07 2
Actual or Estimated Date of Incorporate	ion or Organizatio	Month on: 0 1	Year 0 3	☑ Actual [Estimated ENANCIA
Jurisdiction of Incorporation or Organiz	`		Service abbreviatio (for other foreign ju	1 337	A
GENERAL INSTRUCTIONS					
Federal: Who Must File: All issuers making an offerin 77d(6).	ng of securities in rel	liance on an exempt	ion under Regulation D	or Section 4(6), 17 CFR	230.501 et seq. Or 15 U.S.C.
When To File: A notice must be filed no later Exchange Commission (SEC) on the earlier of is due, on the date it was mailed by United S	of the date it is received	ved by the SEC at th	e address given below		
Where To File: U.S. Securities and Exchange	-		<u> </u>		
Copies Required: Five (5) copies of this noti photocopies of the manually signed copy or l	ce must be filed with bear typed or printed	n the SEC, one of will signatures.	nich must be manually	signed. Any copies not ma	anually signed must be
Information Required: A new filing must conthereto, the information requested in Part C, not be filed with the SEC.					
Filing Fee: There is no federal filing fee.					
State: This notice shall be used to indicate reliance and that have adopted this form. Issuers relyi been made. If a state requires the payment of notice shall be filed in the appropriate states	ing on ULOE must f a fee as a preconditi	ile a separate notice ion to the claim for	with the Securities Adi the exemption, a fee in	ministrator in each state w the proper amount shall a	there sales are to be, or have company this form. This

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC INDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. · Each executive officer and director or corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Check boxes that apply: Promoter Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Joey Gurango Business or Residence Address (Number and Street, City, State, Zip Code) 1100 Dexter Ave. N., !st Floor, Seattle, WA 98109 ⊠ Beneficial Owner ☐ General and/or Managing Partner Check boxes that apply: Promoter Full Name (Last name first, if individual) Gary Fox Business or Residence Address (Number and Street, City, State, Zip Code) 1100 Dexter Ave. N., 1st Floor, Seattle, WA 98109 Check boxes that apply: Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Artour Baganov** Business or Residence Address (Number and Street, City, State, Zip Code) 1100 Dexter Ave. N., 1tt Floor, Seattle, WA 98109 Check boxes that apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check boxes that apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check boxes that apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check boxes that apply: Promoter ☐ Beneficial Owner General and/or Managing Partner ☐ Executive Officer □ Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer Check boxes that apply: Promoter ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

				B. IN	FORMAT	ION ABO	UT OFFEI	RING							
1. Has the	issuer sold.	, or does th	e issuer inte Answ		to non-accr Appendix, C						☐ Yes	⊠ No			
2. What is the minimum investment that will be accepted from any individual?												\$ 25,000			
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connections with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											⊠ Yes	□ No			
Full name N/A	(Last name	e first, if in	dividual)												
Business o	or Residenc	e Address	(Number ar	d Street, C	ity, State, Z	Cip Code)					<u></u>				
Name of A	Associated I	Broker or I	Dealer							<u></u>					
			las Solicited		to Solicit I	Purchasers					□ A11 64	.4			
(Check "A	All States" o	or check in [AZ]	dividual Sta [AR]	tes) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	All Sta	ites [ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full name N/A	(Last name	e first, if in	dividual)												
Business of N/A	or Residenc	e Address	(Number ar	nd Street, C	ity, State, 2	Cip Code)				····					
Name of A	Associated 1	Broker or I	Dealer												
			las Solicited			Purchasers					_				
-			dividual Sta								☐ All Sta				
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	(ID) [MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full name	(Last name	e first, if in	dividual)												
	or Residenc	e Address	(Number at	nd Street, C	city, State, 2	Zip Code)									
Name of A	Associated 1	Broker or I	Dealer												
			Ias Solicite dividual Sta			Purchasers					☐ All Sta	tes			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]			
	(Last name			[225]	[01]	[, 4]	[144]	[]	[,,,]	[,,,]	[]	[[4]			
	or Residenc	e Address	(Number a	nd Street, C	City, State, 2	Zip Code)	<u></u>								
	Associated	Broker or l	Dealer												
States in V			las Solicite dividual Sta		s to Solicit						☐ All Sta	tec			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	tes [ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
			Aggregate Offering Price	e		Amount Already Sold
	Type of security	_			_	
	Debt	\$			\$	
		\$	400,000		\$	250,000
	☐ Common ☒ Preferred Convertible Securities (including warrants)					
	· · · · · · · · · · · · · · · · · · ·	\$			\$	
	Partnership Interests	\$			\$	
	Other (Specify)	\$			\$	
	Total	\$	400,000		\$	250,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number			Aggregate Dollar Amount of
	Accredited Investors		Investors 4		\$	Purchases
	Non-accredited Investors		4			250,000
					\$	
	Total (for filings under Rule 504 only)	• • • •			\$	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		T			
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505		Ť		\$	
	Regulation A				\$	
	Rule 504	• • • •			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	
	Printing and Engraving Costs				\$	
	Legal Fees		***************************************	\boxtimes	\$	20,000
	Accounting Fees				\$	
	Engineering Fees				\$	
	Sales Commissions (specify finders' fees separately)	• • • • •	•••••		\$	
	Other Expenses (identify) Document delivery and offering coordination				\$	
	Total			\boxtimes	\$	20,000

	C. OFFERING PRICE, I	NUMBER OF INVESTORS, EX	PENSES A	AND USE OF PRO	CEEDS	
	b. Enter the difference between the aggre Part C – Question 1 and total expenses fur 4.a. This difference is the "adjusted gross	nished in response to Part C - Que	stion		\$	230,000
5.	Indicate below the amount of the adjusted proposed to be used for each of the purpos is not known, furnish an estimate and che total of the payments listed must equal the forth in response to Part C – Question 4.b.	ses shown. If the amount for any puck the box to the left of the estimate adjusted gross proceeds to the issue.	urpose e. The			
				Payments to Officers, Directors, & Affiliates		Payment to Others
	Salaries and fees		□ \$		⊠ \$	98,670
	Purchase of real estate	***************************************	s		□ s	
	Purchase, rental or leasing and installation	or machinery and equipment	s _		_	18,400
	Construction or leasing of plant buildings		□ s			28,520
	Acquisition of other businesses (including in this offering that may be used in exchananother issuer pursuant to a merger)	the value or securities involved age for the assets or securities of	□ \$ [~]		- □\$	
	Repayment of indebtedness		□ s -		s	
	Working capital		s_		_ ⊠ s	84,410
	Other (specify):		□ s <u> </u>		s	
	Column Totals		\$		_ ⊠s	230,000
	Total Payments Listed (column totals add	ed)		⊠ \$ <u>230,</u> 0	000	
		D. FEDERAL SIGNATU	JRE			
follo	issuer has duly caused this notice to be sign wing signature constitutes an undertaking b aff, the information furnished by the issuer	y the issuer to furnish the U.S. Sec	curities and	l Exchange Commis	sion, upo	
Issu	er (Print or Type)	Signature /		Date		
	BWORKS OS, Inc.	AN FOR)	12.0	2. C	23
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
	y Fox	Secretary/Treasurer				

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)